



Photo # 111 LEFT FRONT FUSE PANEL AND WIRING DAMAGE

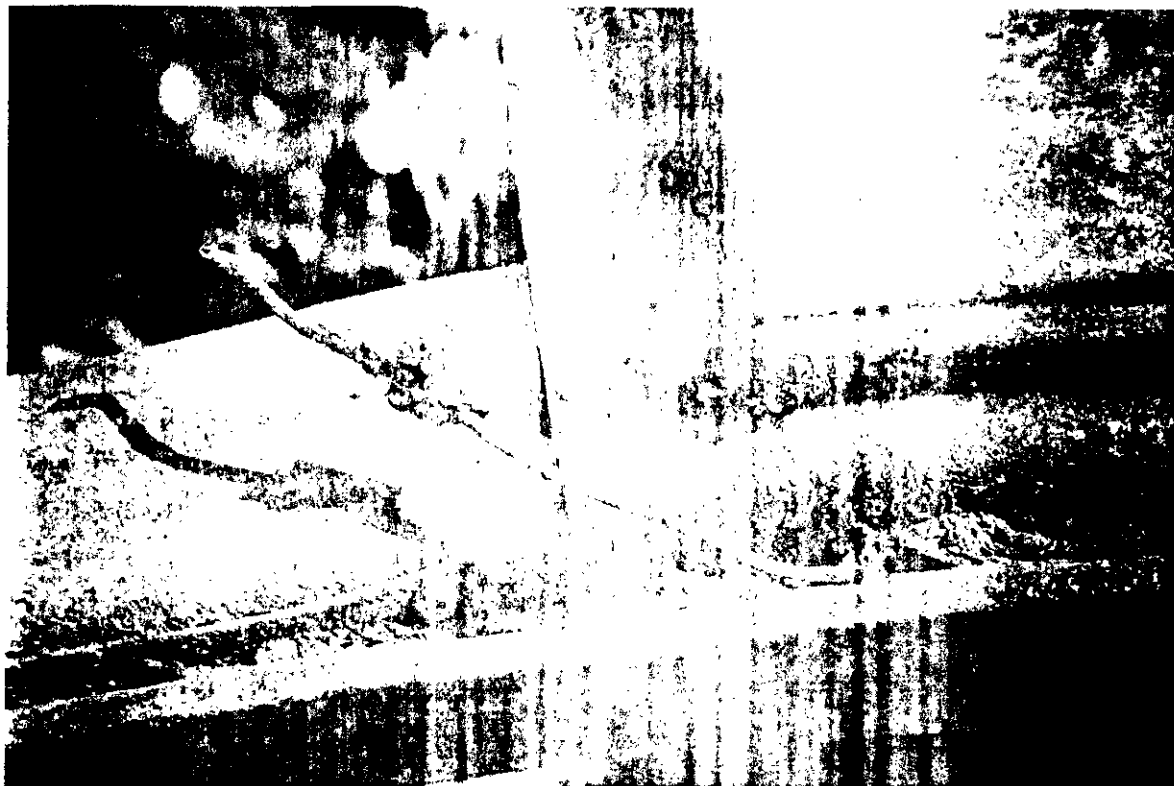


Photo # 112 REMAINS OF AFTERMARKET ANTENNA WIRING

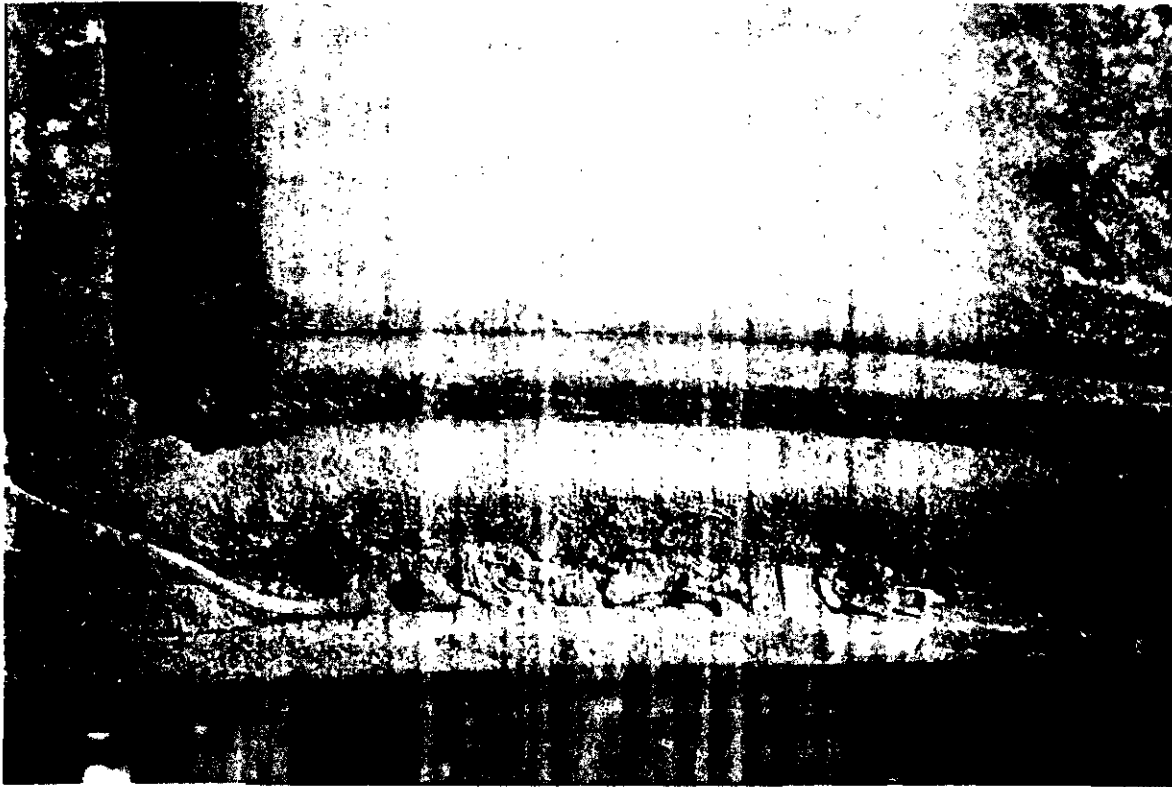


Photo # 113 REMAINS OF AFTERMARKET ANTENNA WIRING

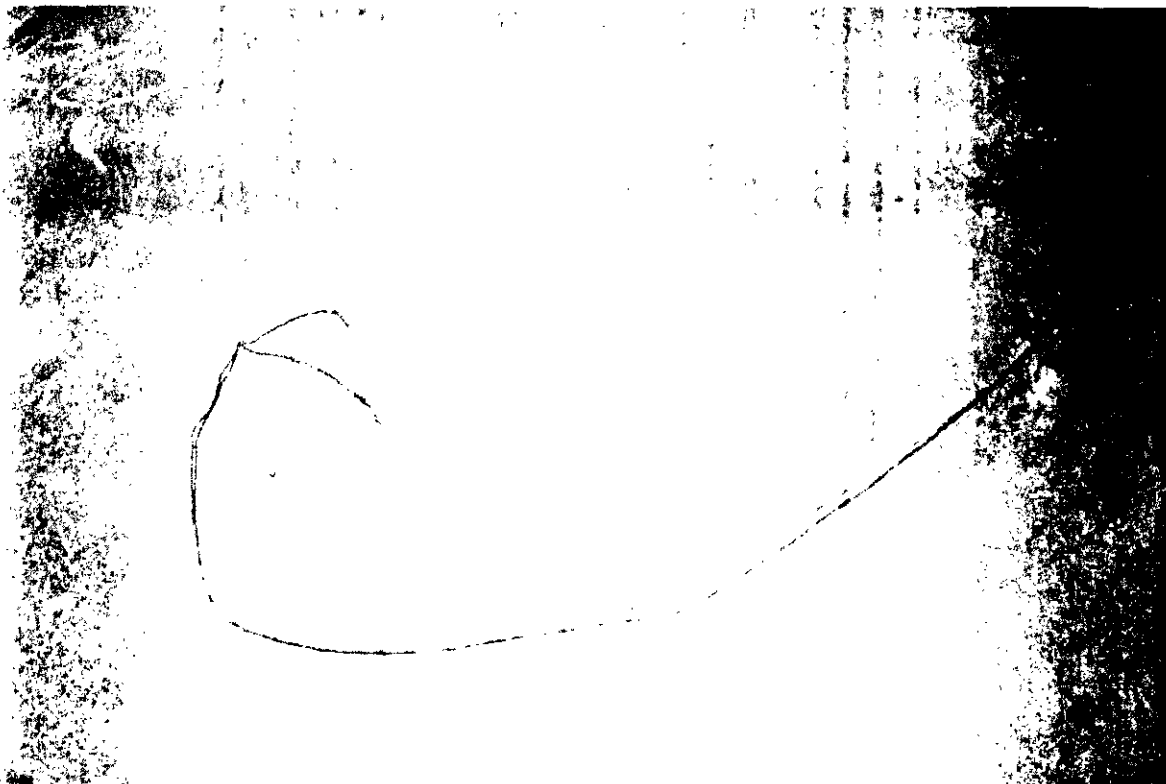


Photo # 114 REMAINS OF AFTERMARKET ANTENNA WIRING



Photo # 115 REMAINS OF AFTERMARKET ANTENNA WIRING



Photo # 116 MARK ON LEFT FRONT ROOF AREA



Photo # 117 AFTERMARKET WIRING AND DAMAGE



Photo # 118 CIRCUIT BOARDS FOUND ON FLOOR



Photo # 119 REMAINS OF CIGARETTE LIGHTER

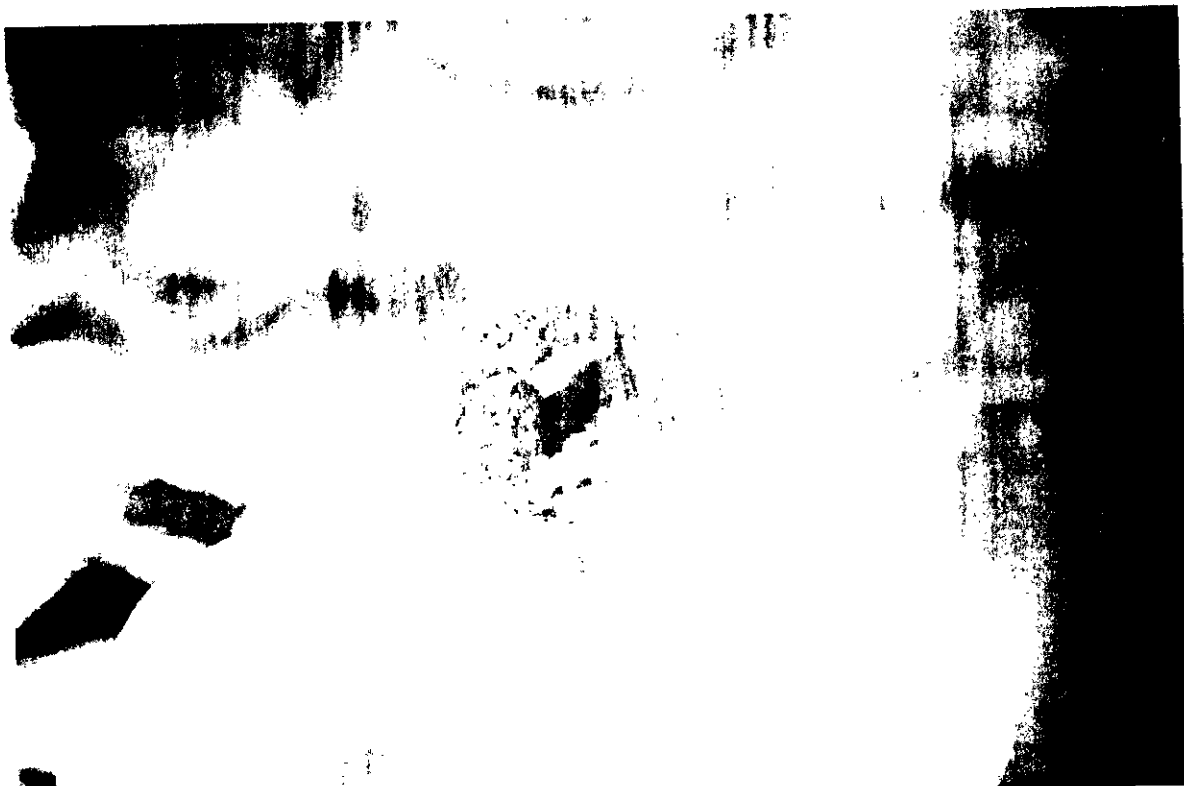


Photo # 120 REMAINS OF CIGARETTE LIGHTER

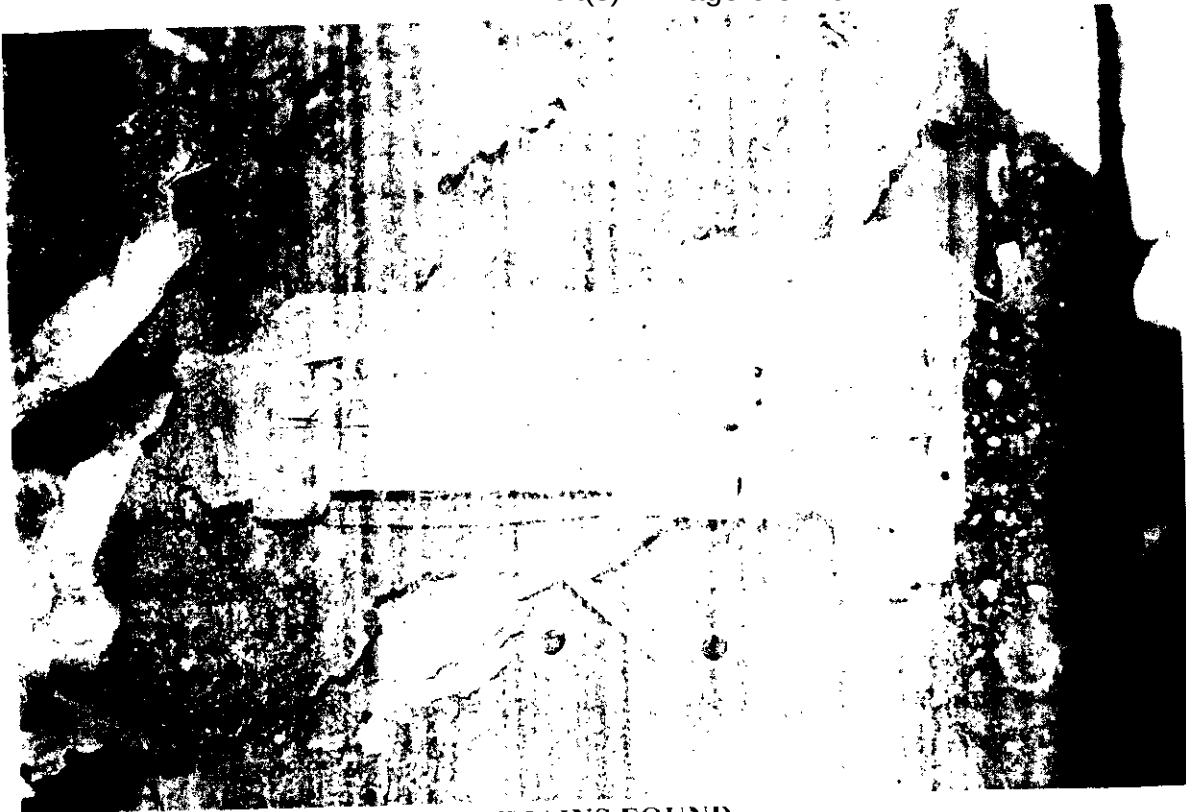


Photo # 121 CIRCUIT BOARD REMAINS FOUND

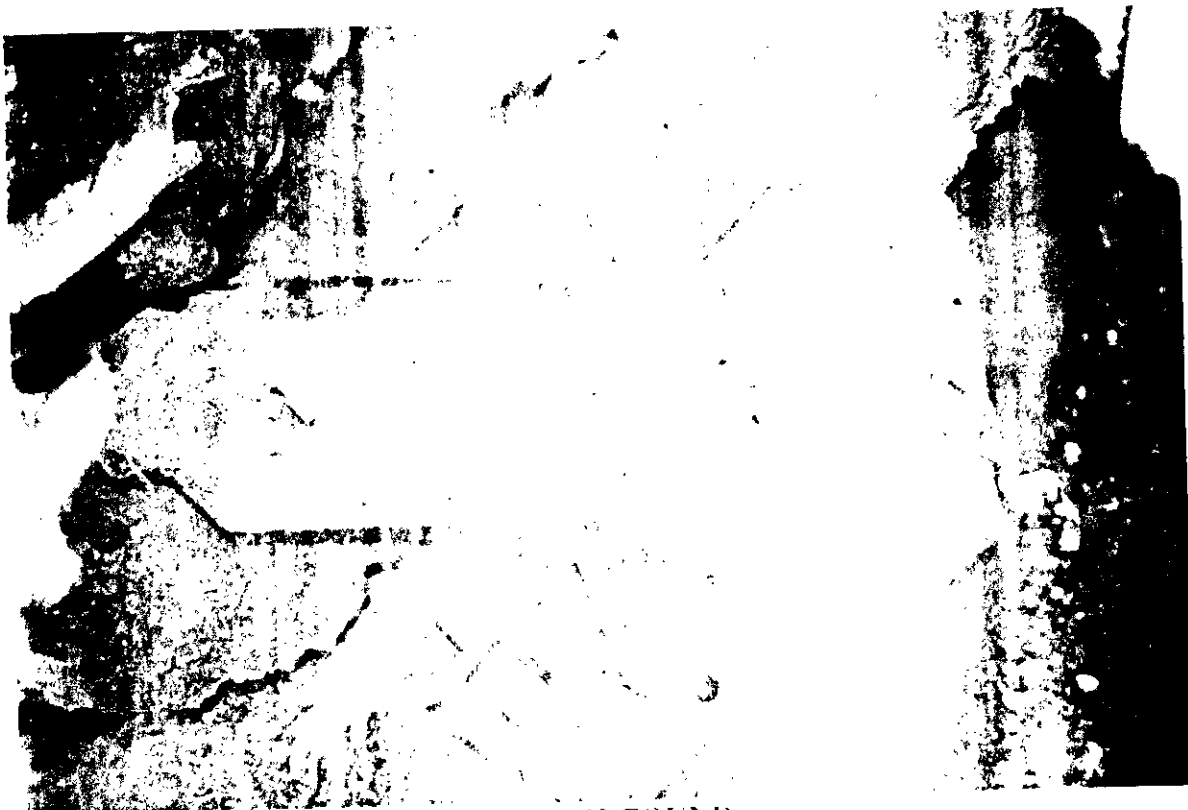


Photo # 122 CIRCUIT BOARD REMAINS FOUND



Photo # 123 BATTERY AND WIRING



Photo # 124 BATTERY AND WIRING



Photo # 125 ENGINE COMPARTMENT WIRING

NEW YORK AFFIDAVIT OF VEHICLE FIRE

NY INSURANCE CODE § 403

"ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION."

IF ANY INFORMATION PROVIDED IN THIS STATEMENT IS FALSE, IT MAY BE THE BASIS FOR THE DENIAL OF YOUR CLAIM AND LEGAL ACTION. ALL QUESTIONS MUST BE ANSWERED OR THIS AFFIDAVIT MAY BE REJECTED. IF YOUR ANSWER TO A QUESTION IS NOT KNOWN, PLEASE FILL IN "UNKNOWN". IF THE QUESTION DOES NOT APPLY, FILL IN "N/A".

Name of Insured <u>Clara Horstia</u>	Home Phone # <u>(607) 921-9766 cell</u>
Address (if p.o. box, include physical address) <u>P.O. Box 102, Danvers, NY 13750</u>	Driver's License # <u>191940 366</u> State Issued <u>NY</u>
<u>16144 St Hwy 23</u>	Social Security # <u>111-N # 062-66-5561</u>
Occupation <u>Post graduate</u>	Date of Birth <u>10-27-81</u> Marital Status <u>Single</u>
Name, Address of Employer <u>None</u>	Spouse Name <u>N/A</u>
	Spouse Employer Name, Address <u>N/A</u>
Length of Present Employment <u>N/A</u>	Spouse Employer Phone # <u>() N/A</u>
Business Phone # <u>() N/A</u>	Number of Dependents <u>None</u>
Current Salary <u>N/A</u>	Number of Persons in Household <u>4</u>
Annual Household Income <u>N/A</u>	How Long Resided at Current Address <u>25 years</u>

I. THIS SECTION TO BE COMPLETED IF VEHICLE WAS BEING DRIVEN AT TIME OF FIRE

Where was vehicle being driven to? 27th - Restoration
For what reason? Work out
Name, address, phone # of driver Clara Horstia, 16144 St Hwy 23, Danvers, NY 13750, 607-921-9766
Name, address, phone # of all passengers N/A
Did you smell smoke or see flames first? Smoke Where did fire appear to start? Behind the dash
Did you hear any unusual noises prior to the fire? ☐ Yes ☒ No If yes, describe _____
Did you notice any electrical or mechanical malfunctions prior to the fire? ☐ Yes ☒ No If yes, describe _____

II. THIS SECTION TO BE COMPLETED IF VEHICLE WAS PARKED OR UNATTENDED AT TIME OF FIRE

Specific location where vehicle was parked _____
Reason for being at this location _____
Name(s), address(es), phone #(s) of person(s) who left car there _____
Was vehicle locked? ☐ Yes ☐ No Were keys left in car? ☐ Yes ☐ No
Were windows rolled up? ☐ Yes ☐ No How did you first learn of the fire? _____
Do you suspect anyone of setting fire to your vehicle? ☐ Yes ☐ No If yes, who? _____
Was this information given to the Police / Fire Department? ☐ Yes ☐ No

III. COMPLETE ALL ADDITIONAL SECTIONS

Date of fire 4-20-07 Time 9:20 (AM) PM Day of week Fire Amount for which you are making claim \$ Low value
Was fire reported to Fire Department? ☒ Yes ☐ No If no, why not? _____
When was fire reported to Fire Department? Date 4-20-07 Time 9:25 (AM) PM
By whom (name, address, phone #)? Clara Horstia, 16144 St Hwy 23, Danvers, NY 13750, 607-921-9766
Name, location of responding Fire Department Syosset Fire Dept, Syosset, NY
Fire Department report # 2007-000516 (copy of fire report included)
Did police also respond to fire? ☒ Yes ☐ No If yes, name of Police Department Syosset Police Dept
Were you carrying any flammable liquids in vehicle? (examples: spare gas can, starter fluid, etc.) ☐ Yes ☒ No
If yes, type _____ Where was container located? _____
Container size N/A
Year of vehicle 2005 Make Volkswagen Model Jetta GLI Body Type Sedan Color Black
Vehicle Identification Number 3VWSE69M45M042419
License plate # DBV 4804 Expiration date 10-27-10 State NY Odometer reading approx 45,000
Certificate of Title # N/A If none, why? Volkswagen Credit is title holder
Name, address appearing on title N/A
Was vehicle previously salvaged, reconstructed, rebuilt, or junked? ☐ Yes ☒ No If yes, explain _____
Has vehicle been damaged during the past three years? ☐ Yes ☒ No Describe each occurrence (location, type, amount of damage, date) _____
Were repairs completed? ☐ Yes ☒ No ☐ Partial By whom (name, address, phone #)? _____
Name, address of insurance company who paid damage claim, if any N/A
Have you filed any other insurance claims in the last 3 years (including Homeowners, Boat, Auto, etc.)? ☐ Yes ☒ No
If yes, describe each claim (type of claim, date, location, & amount paid) _____

Do you or anyone else have additional insurance on this vehicle? ☐ Yes ☒ No

If yes, who? (name, address, phone #)

Name of other insurance company/agent N/A

Any other vehicles in your household? ☒ Yes ☐ No Name of insurance company and agent on these other vehicles Progressive Insurance, Gordon S. Roberts Agency

Your prior insurance company and agent State Farm Insurance, Bill Ellis

Membership AAA or other road service club? ☐ Yes ☒ No

Club name Member #

IV. VEHICLE EQUIPMENT (check box if vehicle had any of the following, indicating purchase price/date)

<input checked="" type="checkbox"/> Power windows	<input checked="" type="checkbox"/> Power mirrors	<input checked="" type="checkbox"/> Driver-side air bags	<input checked="" type="checkbox"/> Std. transmission <u>6-Speed</u>
<input checked="" type="checkbox"/> Air conditioning	<input type="checkbox"/> Driver-side power seat	<input checked="" type="checkbox"/> Passenger-side air bags	<input type="checkbox"/> Automatic transmission
<input type="checkbox"/> Cellular phone make	<input type="checkbox"/> Passenger-side power seat	<input checked="" type="checkbox"/> Tilt steering wheel	<input checked="" type="checkbox"/> Electrical/manual trunk release
<input checked="" type="checkbox"/> Cruise control	<input checked="" type="checkbox"/> ABS brakes	<input type="checkbox"/> Tinted glass	<input type="checkbox"/> Luggage rack
<input type="checkbox"/> Alarm system	<input checked="" type="checkbox"/> Stereo AM/FM	<input type="checkbox"/> T-tops	<input checked="" type="checkbox"/> Aluminum/alloy wheels
<input checked="" type="checkbox"/> Passive	<input checked="" type="checkbox"/> Cassette	<input type="checkbox"/> Factory	<input type="checkbox"/> Factory
<input type="checkbox"/> Non-passive	<input checked="" type="checkbox"/> CD player	<input type="checkbox"/> After market	<input type="checkbox"/> After market
Brand type	CD player mounting location		Make
<input type="checkbox"/> Leather interior	<input type="checkbox"/> All-wheel drive	<input checked="" type="checkbox"/> Power door locks	<input type="checkbox"/> Convertible top
		<input checked="" type="checkbox"/> Remote/keyless entry	<input checked="" type="checkbox"/> Sun roof

If cellular phone was checked, list phone # and servicing co. N/A

Was all equipment/accessories operational prior to loss? ☒ Yes ☐ No If no, describe

V. VEHICLE CONDITION (Other Distinguishing Features — Dents, decals, trailer hitch, interior, etc.) Prior to Loss

	Poor	Fair	Good	Excellent	DESCRIPTION	NEW	REBUILT
Paint				<input checked="" type="checkbox"/>			
Transmission				<input checked="" type="checkbox"/>			
Engine				<input checked="" type="checkbox"/>			
Body				<input checked="" type="checkbox"/>			
Tires				<input checked="" type="checkbox"/>			

1. Who performs routine maintenance service? Concord Volkswagen / Jiffy Lube Date last serviced 3/23/07

2. Date of last repair work N/A By whom?

3. Type of repair completed? N/A

4. Who performed current state emission test? Service Station, Levittown, NY Date last inspected 4-06

5. Who performed last state inspection? Service Station, Levittown, NY Date last inspected 4-06

6. Pre-insurance inspection completed? ☒ Yes ☐ No If yes, by whom? Volkswagen Sunnyvale, CA

VI. Date vehicle purchased/leased? December 18, 2004 ☒ New ☐ Used Purchase price \$ 32,000

Name, address, & phone # of dealer or individual you purchased vehicle from Sunnyvale Volkswagen

1025 E. El Camino Real, Sunnyvale, CA 94087 - 408-734-7321

Trade in vehicle 2004 Honda Civic Trade in allowance N/A How did you learn vehicle was for sale/lease? Showroom

How was vehicle paid for? ☐ Cash ☐ Check ☒ Financed ☐ Other-Explain

Mileage on vehicle at time of purchase/lease 68 miles approx At time of purchase was the vehicle

damaged? ☐ Yes ☒ No If yes, describe

If financed/leased - name, address, phone # of company Volkswagen Credit, City of Industry, CA 91714 1-800-

Account # 836737392 At the time of fire, balance due \$19,000 Loan term (months) 48 428-463

Monthly payment \$ 394.04 Date last loan payment made 4-16-07 Is account past due? ☐ Yes ☒ No

If yes, how long? N/A If vehicle leased, length of lease 48 What is turn-in date of lease? 12-18-08

Have you offered vehicle for sale or trade? ☐ Yes ☒ No When? How much?

Any offers? ☐ Yes ☐ No Who? N/A Are keys in your possession? ☒ Yes ☐ No

How long was it for sale or trade? N/A

How many sets of keys? 2 Who has them? Clara Hainster

Were all keys accounted for at time of fire? ☐ Yes ☒ No If no, explain No one set of keys in car

NY INSURANCE CODE § 403

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This affidavit must be signed, notarized, and returned by mail to a Progressive claims office. The undersigned, being first duly sworn, hereby affirms that all statements made herein of his or her own knowledge are true and that all statements made herein on information and belief are believed to be true.

Signed [Signature] Signature Individual Completing Affidavit

Witness [Signature] Witness signature

Witness Address

Subscribed and sworn to, before me, this 9 day of July, Year 2007

RONA BORDONARO

Notary Public, State of New York

No. 489-881

Qualified in Suffolk County

Term Expires May 11, 2011

Personally Known

Identification Produced

PO Box 7572

866-623-8350

Syosset Fire District Dispatch Summary

Incident #: 2007-000516

Box, Zone or District: GENL

Time: 09:37:11

Date: 04/20/2007

Address: WOODBURY ROAD

Cross Streets: JERICHO TURNPIKE and AVERY ROAD

Occupant:

Dispatch Call Type: VEHICLE FIRE

Additional Call Info: CAR

Caller Name and Number: FIRECOM

Priority: 1

Dispatcher: 16

Additional Comments

FULLY INVOLVED CAR FIRE EXTINGUISHED AND OVERHAULED BY F.D PERSONNEL.

Non Vehicle Time Stamps

Time	Apparatus	Description	Location (if applicable)
09:37:11		Time of Activation	WOODBURY ROAD
10:11:09		Release Manpower In Ctrs	WOODBURY ROAD
10:51:54		End of Alarm	WOODBURY ROAD

Vehicle Time Stamps

Unit #	Dis	Enroute	At Scene	Enroute to Hospital	At Hospital	SIGNAL 13	Available for duty	Secure At Quarters
5803		09:40:22	09:50:13	-	-	10:11:20	10:11:21	10:11:22
5896		09:42:18	09:43:32	-	-	10:11:59	10:12:00	10:12:00
5812		09:42:43	09:45:11	-	-	10:17:28	10:17:29	10:21:22
5800		09:43:53	09:53:34	-	-	10:11:23	10:11:24	10:11:24
5358		09:44:07	09:50:08	-	-	10:14:28	10:14:29	10:51:51
5891		09:45:42	09:50:30	-	-	10:11:57	10:11:58	10:18:03

Vehicle Time Stamp Comments

1 2 E

A <u>30064</u> <u>Sisseton Fire District</u> FDID Fire Department		<u>NY</u> <u>04/20/2007</u> State Incident Date	<u>2007-000516</u> <u>000</u> Incident Number Exposure	<u>NFIRS - 1</u> Basic
-----------------------------------------------------------------------------	--	----------------------------------------------------	-----------------------------------------------------------	---------------------------

B Location		Census Tract <u> </u>	
<u>1</u> - Street Address Type	<u> </u> Number/Milepost	<u> </u> Prefix	<u>WOODBURY ROAD</u> Street or Highway
<u> </u> Apt/Suite/Room	<u> </u> City	<u>NY</u> State	<u>11797-</u> Zip Code
<u>WOODBURY</u> Cross Street, Direction or National Grid			

C Incident Type <u>131 - Passenger vehicle fire</u>	E₁ Dates & Times Date Time Alarm <u>04/20/2007</u> <u>09:37</u> Time Out <u>04/20/2007</u> <u>09:40</u> Arrival <u>04/20/2007</u> <u>09:43</u> Controlled <u>04/20/2007</u> <u> </u> Last Unit <u>04/20/2007</u> <u>10:51</u>	E₂ Shift & Alarms <u>2</u> <u>580</u> <u>GENL</u> Shift Alarms District Alarm Box
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D Aid Given or Received <u>N - None</u> Mutual Aid Code Their FDID Their State Their Inc. #	E₃ Special Studies <u>Y</u> Special Study ID Special Study Value
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F Actions Taken <u>1</u> <u>11 - Extinguishment by fire service personnel</u> <u>2</u> <u>12 - Salvage & overhaul</u> <u>3</u>	G₁ Resources <input type="checkbox"/> Check if Apparatus or Personnel form is used Apparatus Personnel Suppression <u>0</u> <u>0</u> EMS <u>0</u> <u>0</u> Other <u>0</u> <u>0</u> Personnel Not on Apparatus <u>0</u> Total Personnel <u>24</u> <input type="checkbox"/> Includes Aid from Resources	G₂ Est. Dollar Losses & Values LOSSES: Property <u> </u> <u>55,000</u> Contents <u> </u> <u>50</u> PRE-INCIDENT VALUE Property <u> </u> Contents <u> </u>
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Completed Modules <input checked="" type="checkbox"/> FIRE-2 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Structure-3 <input type="checkbox"/> Wildland Fire-8 <input type="checkbox"/> Civilian Fire Casualty-4 <input checked="" type="checkbox"/> Apparatus-9 <input type="checkbox"/> Fire Serv. Casualty-5 <input checked="" type="checkbox"/> Personnel-10 <input type="checkbox"/> EMS-6 <input type="checkbox"/> Arson-11	H₁ Casualties Deaths Injuries Fire Service <u>0</u> <u>0</u> Civilian <u>0</u> <u>0</u>	H₂ Detector H₃ Hazardous Materials Release Mixed Use Property
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J Property Use <u>963 - Street or road in commercial area</u>

K₁ Person/Entity Involved			
Business name (if applicable) <u> </u>		Phone Number <u> </u>	
Mr., Ms, Mrs	<u>AARON</u> First Name	MI	<u>HORNSTRA</u> Last Name
			Suffix <u> </u>
Number	Prefix	Street or Highway	Street Type Suffix
<u>713</u>		<u>ONEONTA</u>	<u>NY</u> <u>13820</u>
Post Office Box	Apt/Suite/Room	City	State Zip Code

30064	Syoset Fire District	NY	04/20/2007		2007-000516	000	No Activity	NFIRS - 1
FDID	Fire Department	State	Incident Date	Station	Incident Number	Exposure		Basic - pg 2

K2 Owner							
Business name (if applicable)				Phone Number			
Mr., Ms., Mrs.		AARON		HORNSTRA		Suffix	
		First Name		Last Name			
Number		Prefix		Street or Highway		Street Type	
713				ONEONTA		NY	
Post Office Box		Apt/Suite/Room		City		State	
						Zip Code	
						73820	

L Remarks	For Additional Notes, Please Run the Report Entitled "User Defined and Notes"
FULLY INVOLVED CAR FIRE EXTINGUISHED AND OVERHAULED BY F.D PERSONNEL.	

M Authorization				
534-Feeney, Thomas		Chief		04/20/2007
Officer in Charge	Signature	Rank	Assignment	Date
116-Dhawan, Ravi		Dispatcher		04/20/2007
Member Making Report	Signature	Rank	Assignment	Date

R RedAlert (tm) Specific					
Y					
General Alarm ?	Signal #?				

Syosset Fire District	Incident #: 2007-000516
Incident Narrative and Addendums	Address: WOODBURY ROAD Date: 04/20/2007
Narrative FULLY INVOLVED CAR FIRE EXTINGUISHED AND OVERHAULED BY F.D PERSONNEL.	
Date: 05/04/2007	Page: 1 Time: 4:43 PM

APPLICATION FOR PUBLIC ACCESS TO RECORDS

TO: RECORDS ACCESS OFFICER

SYOSSET FIRE DISTRICT
50 Cold Spring Road
Syosset, New York 11791

FROM: Nick Celli, Claims Investigator - Progressive Insurance
(Name of Person Requesting Access to Records)

I hereby apply to inspect the following record:

Fire Report # 30064
Insured Aaron Hornstra
Vehicle: 2005 Volkswagen Jetta
Date/Time: 04/20 @ 9:30 am

Name: Nick Celli

Representing: Progressive Insurance

Mailing Address: 75-70 Arden Blvd Suite 520
East Elmhurst NY 11770

Telephone No.: 718-322-7253 718-322-4065 (Fax)



Signature

04/23/07

Date

New York State
INCIDENT
REPORT

FD 1064		Department Name Syosset Fire District		Alarm Box	District 580	Time in 12:11	REVISED REPORT <input type="checkbox"/>
Incident No. 100254		Exp. 00	Date 02/25/2002	Day of Week Monday	Alarm Time 10:55	Time Out 10:58	Arr. Time 11:01
FIRE SERVICE RESPONSE							
INCIDENT ADDRESS 85 UNDERHILL BOULEVARD		City SYOSSET		Zip 11791	PERSONNEL 24		
OCCUPANT NAME ast. First		Census Tract No.		ENGINES			
OWNER NAME ast. First		MUTUAL AID (Check one) 1 <input type="checkbox"/> RECEIVED 2 <input type="checkbox"/> GIVEN		AERIALS			
OWNER ADDRESS 485 UNDERHILL BOULEVARD		State NY		Zip 11791	TANKERS		
					OTHER VEHICLES 3		
					IF HAZARDOUS MATERIALS ARE INVOLVED (see coding sheet)		
					CLASS		
					AMOLINT		
					No. incident-related injuries Fire Srv. Other		
					No. incident-related fatalities Fire Srv. Other		
					Is juvenile involved in ignition 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO		
					IGNITION FACTOR (see coding sheet)		
PLEASE PUT APPROPRIATE CODE NUMBER IN BOX FOR EACH CATEGORY							
METHOD OF ALARM FROM PUBLIC 1 Telephone 2 Municipal alarm system 3 Private alarm system 4 Radio 5 Verbal 6 Home dialer 7 Tie-line 8 Voice signal 9 Cable TV link		TYPE OF SITUATION FOUND 11 Structure fire 12 Any fire outside a structure where the material burning has a value 13 Vehicle fire 14 Trees, brush, grass fire 15 Refuse fire (material burning has no value) 16 Explosion, no after-fire 17 Outside spill, leak with fire			TYPE OF ACTION TAKEN 1 Extinguishment 2 Rescue 3 Investigation 4 Remove hazard 5 Standby 6 Salvage 7 Medical Assistance 8 Fill in, move up 9 Cancelled en route 19 Fire/explosion not classified 20 Overpressure rupture (no combustion) 30 Rescue 32 EMS only 40 Hazardous condition 50 Service call 60 Good intent call 71 False malicious 73 False malfunction 74 False unintentional		
7		32			7		
In this section if TYPE OF SITUATION FOUND is 11, 12, 13, 16, 17, 19 ONLY (Refer to coding sheet)				FIXED PROPERTY USE			
MULTI USE PROPERTY COMPLEX		AREA OF FIRE ORIGIN		EQUIPMENT INVOLVED IN IGNITION			
FORM OF HEAT OF IGNITION		TYPE OF MATERIAL IGNITED		FORM OF MATERIAL IGNITED			
IF HEATING EQUIPMENT INVOLVED TYPE OF FUEL USED		1 Kerosene 4 Wood 2 LPG 5 Coal 3 Electric 6 Oil		7 Natural Gas 8 Gasoline 9 Other			
CONDITION UPON ARRIVAL 1 Overheat 2 Smoldering 3 Open flame 4 Out on arrival		MOBILE PROPERTY TYPE 11 Automobile 12 Bus 13 Motorcycle, snowmobile 14 Motor home 15 Travel trailer 17 Mobile home		20 Freight road transport 30 Rail transport 40 Water transport 50 Air transport 60 Heavy equipment 70 Special vehicles, containers 99 Other mobile property types		PROPERTY DAMAGE CLASSIFICATION 1 \$1-99 2 \$100-999 3 \$1,000-9,999 4 \$10,000-24,999 5 \$25,000-49,999 6 \$50,000-149,999 7 \$150,000-499,999 8 \$500,000-999,999 9 \$1,000,000 or more 0 NO DOLLAR LOSS	
						Value Damage	
IF Mobile Property		Yr. Make Model		St. Lic. Number		Serial Number/VIN	
IF Equipment Involved		Yr. Item Make Model				Serial Number	
NO. OF STORIES 1 Single story 2 Two stories 3 3 or 4 4 4 or 6 5 7 to 10 6 11 to 20 7 21 to 30 8 Over 30 9 7 to 10 9 Below grade		EXTENT OF DAMAGE 1 Confined to object of origin 2 Confined to part of room or area of origin 3 Confined to room or area of origin 4 Confined to fire-rated comp. of origin 5 Confined to floor of origin 6 Confined to structure of origin 7 Extended beyond structure or origin 9 No damage of this type		FLAME SMOKE WATER		DETECTOR PERFORMANCE 1 <input type="checkbox"/> PRESENT 2 <input type="checkbox"/> NOT PRESENT IF PRESENT, TYPE OF CLOSEST UNIT 1 <input type="checkbox"/> SMOKE 2 <input type="checkbox"/> HEAT POWER SUPPLY 1 <input type="checkbox"/> BATTERY 2 <input type="checkbox"/> A/C 1 In room of fire; operated 2 Not in room of fire; operated 3 In room of fire; did not operate 4 Not in room of fire; did not operate 5 In room; fire too small to operate 9 Not classified	
BUILDING HEIGHT		CONSTRUCTION TYPE (see worksheet) 1 Fire resistive 2 Non combustible 3 Heavy timber 4 Ordinary 5 Frame		SPRINKLER PERFORMANCE 1 Equipment operated 2 Equipment in service, did not operate 3 Equipment present, fire too small to operate 8 No equip present in room/space of fire origin 9 Equipment not in service		IF DETECTOR DEFECTIVE-Brand Name, Serial No.	
FIRE REFERRED FOR INVESTIGATION TO:							
ADDITIONAL FIRE DEPARTMENT INFORMATION (see coding sheet)							
ITEM CODE		ITEM CODE		ITEM CODE		ITEM CODE	
Officer in Charge (name, position) Rosco R. Ward		Date 02/25/2002		Member Making Report (if different from Officer in Charge) Dhawan, Ronit		Date 02/25/2002	
REMARKS REPORT OF AIDE WITH BACK INJURY, TRANSPORTED VIA 585 TO NORTH SHORE HOSP. AT SYOSSET.							

PROGRESSIVE

Progressive Northeastern Ins Co
75-20 ASTORIA BLVD
SUITE 320
EAST ELMHURST, NY 11370
(718) 803-7253

Total Loss Settlement Report

Date: 5/11/2007
Owner: AARON C HORNSTRA
Vehicle: 05 VOLKS JETTA GLI 4D
VIN: 3VWSE69M45M042479

Prepared by: NICHOLAS CELLI
Claim Number: 071213997
Date of Loss: 04/20/2007
Adjuster License: IA-1022208

Important information regarding your settlement offer and explanation of Actual Cash Value (ACV)

We would like to inform you that we have made a determination regarding the total loss of your vehicle. Our settlement is based upon evaluation of your vehicle's actual cash value. If a lien holder is involved, the payment to you may change based upon the exact payoff amount of your loan. In order to determine your vehicle's actual cash value, we have performed a detailed evaluation of the vehicle's condition and probable value immediately prior to the loss.

We will demonstrate how we arrived at this amount so you may be confident that our value is fair and reasonable in the current local market. We will include applicable taxes and fees when required by law. Our settlement, less any applicable deductible amount, is contingent upon our receipt of a "clean" title with no liens attached.

In most cases, we will also collect and arrange for the disposition of your damaged vehicle. We will need the actual title for the vehicle in order to complete this process. You may retain the vehicle salvage in some instances. Please note we make the appropriate deduction for the salvage amount when presenting our settlement offer to you. Additional titling requirements may also need to be completed.

If you disagree with our valuation of your vehicle's actual cash value, we will consider your opinion and may revise our determination if credible information is presented to us. If you are insured with us and the amount of the vehicle's actual cash value remains in dispute, either party may request to proceed under the Appraisal section of your insurance policy contract. Please refer to your policy contract for more detailed information on the Appraisal process.

To determine the Actual Cash Value (ACV) of your vehicle, we will:

- **Determine the baseline value**

- **Make adjustments to account for any excessive wear and tear and/or prior damage**

The local market value does not take into consideration your particular vehicle's condition, unrepaired prior damage or excess wear and tear. We will itemize and estimate the cost of repairs and work that would make your vehicle comparable to the market value determined. We may add or subtract for generalized "dealer prep" or reconditioning charges if the vehicle requires adjustment. We may ask you to provide information about the vehicle that is not readily apparent by inspecting it, such as general maintenance and repair history, title history and title status (such as clean or rebuilt salvage).

- **Include the value of extraordinary refurbishments or repairs**

Vehicles in exceptionally clean condition may appraise higher than retail value. We also consider the cost and value of recent refurbishments. In general, though, refurbishment or recent replacement of maintenance type items does not increase the value of the vehicle, because those items are assumed in the value; they are expected to be in place and in good condition when a vehicle is sold.

How we determined the Actual Cash Value (ACV) of your vehicle.

☐ **2 BOOK**

The evaluation of your vehicle is based upon the New York State Fair Claims Act (Regulation 64). 216.7 (c) (1) (i) The method used was obtaining the average of the retail values from the NADA Book and the NMR Red Book.

☐ **Substantially similar**

The evaluation is based upon the New York State Fair Claims Act (Regulation 64). 216.7 (c) (1) (ii) The method used was based on locating a substantially similar vehicle to yours from a qualified dealer. A qualified dealer reasonably located within 25 miles of the place of principal garagement of your vehicle.

☐ **Computerized Database**

The evaluation is based upon the New York State Fair Claims Act (Regulation 64). 216.7 (c) (1) (iii) A quotation obtained from a computerized database, approved by the superintendent, that produces statistically valid fair market values for a substantially similar vehicle, within the local market area.

☐ **180 day**

The evaluation is based upon the New York State Fair Claims Act (Regulation 64). 216.7 (c) (1) (iv) The value was determined based on the purchase price, plus the cost of any substantiated improvements, less the deductible, purchased within the last 180 calendar days prior to the date of loss.

☐ **Best Available Method**

The evaluation is based upon the New York State Fair Claims Act (Regulation 64). 216.7 (c) (1) (v) If it is not possible to value the damaged motor vehicle by using an alternative method as described in subparagraph (i), (ii), (iii) or (iv) of this paragraph, the insurer shall determine the retail value by the best available method and shall explain to the insured how its offer was calculated.

☐ **90 DAY**

The evaluation is based upon the New York State Fair Claims Act (Regulation 64). 216.7 (c) (1) (3) The method used was based on obtaining the reasonable purchase price of a new vehicle, identical to yours on the date of loss, less any applicable deductible and an allowance for depreciation in accordance with the state schedule.

Adjusted the average retail value by the amount needed to bring your vehicle to retail standard: The retail value does not take into consideration your particular vehicle's condition, unrepaired prior damage or excess wear and tear. We will itemize and estimate the cost of repairs and work that would make your vehicle comparable to the retail standard assumed by the N.A.D.A. Official Guide and the NMR Red Book. Progressive may deduct documented, reasonable dealer preparation charges, up to \$100.00, from the average of the retail values. We may ask you to provide information about the vehicle that's not readily apparent by inspecting it, such as general maintenance and repair history, whether you are the original owner, title history and title status.

Vehicles in exceptionally clean condition may appraise higher than retail value. We also consider the cost and value of recent refurbishments. In general, though, refurbishments or recent replacement of maintenance type items does not increase the value of the vehicle, because those items are assumed in the value; they are expected to be in place and in good condition when a vehicle is sold.

"Should you wish to take this matter up with the New York State Insurance Department, you may file with the Department either on its website at www.ins.state.ny.us/complhow.htm or you may write to or visit the Consumer Services Bureau, New York State Insurance Department, at: 25 Beaver Street, New York, NY 10004. One Commerce Plaza, Albany, NY 12257. 200 Old Country Road, Suite 340, Mineola, NY 11501. or Walter J. Mahoney Office Building, 65 Court Street, Buffalo, NY 14202."